

January 4, 2008

The Honorable George Miller
Chairman
House Education and Labor Committee
U.S. House of Representatives
Washington, DC 20515

RE: H.R. 2768

Dear Chairman Miller:

As lawyers who frequently assist miners, widows and family members with claims under the Black Lung Benefits Act, we see all too often the crippling respiratory problems caused by exposure to coal mine dust. We appreciate your efforts to make other Members of Congress aware of the health hazards faced by surface and underground mine workers from respirable dust. We especially appreciate your efforts to reduce these risks through H.R. 2768, the S-MINER Act, and we are writing to express our strong support for the occupational health provisions contained in H.R. 2768, the S-MINER Act, which addresses some of the important hazards that have previously been neglected.

Nearly 40 years ago, when Congress passed the Coal Mine Health & Safety Act (1969), a fundamental goal of the legislation was to prevent the next generation of miners from developing coal workers' pneumoconiosis (CWP). Sadly, that goal is far from being met. In fact, a NIOSH study in 1995 contained an extensive review of medical literature regarding lung disease among miners and it recommended that the permissible level of exposure to coal mine dust be reduced from 2.0 mg per cubic meter to 1.0 milligrams per cubic meter.[1] That recommendation was not acted upon. Recent studies from NIOSH document that incidence of CWP is increasing among coal miners at a two-fold rate, and that a new generation of coal miners is developing progressive massive fibrosis, despite the dust limits imposed by the Federal Mine Safety and Health Act.[2][3] We support the provisions of H.R. 2768 that address miners' exposure to respirable coal dust and silica, reducing the permissible level of respirable dust to 1.0 mg/cubic meter and reducing the permissible level of respirable silica dust to 0.05 mg per cubic

[1] *Criteria for a Recommended Standard, Occupational Exposure to Respirable Coal Mine Dust*, September, 1995.

[2] CDC. *Mortality and Morbidity Weekly Report*. Advanced Pneumoconiosis Among Working Underground Coal Miners --- Eastern Kentucky and Southwestern Virginia, 2006; July 6, 2007, 56(26):652-655.

[3] CDC. *Mortality and Morbidity Weekly Report*. Advanced Cases of Coal Workers' Pneumoconiosis --- Two Counties, Virginia, 2006. August 25, 2006, 55(33):909-913.

meter.

H.R. 2768 also requires that dust samples be obtained through a personal dust monitor that measures, records and displays in real time the concentration of respirable dust that the wearer of the monitor is exposed to. This is absolutely essential. For years miners have told about the terribly dusty conditions where they worked on a daily basis, yet the lack of accurate dust sampling prevented proving that these conditions exceeded the limit allowed by law. The PDM will end the possibility of dust sampling fraud and offer real protection to coal miners.

In our estimation the dust level provisions of H.R. 2768 are extremely important in protecting the health of coal miners, and we strongly encourage the passage of H.R. 2768.

Sincerely,



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